

B2100B (Form 2100B) (12/15)

**UNITED STATES BANKRUPTCY COURT
FOR THE Western District of VIRGINIA**

IN RE:

JAMIE LYNN NUCKOLS

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CASE NO.

19-50220

Chapter 13

NOTICE OF TRANSFER OF CLAIM OTHER THAN FOR SECURITY

Claim Number **1** was filed or deemed filed under 11 U.S.C. § 1111(a) in this case by the alleged transferor. As evidence of the transfer of that claim, the transferee filed a Transfer of Claim Other than for Security in the clerk's office of this court on 7/23/2021 (date).

Name of Alleged Transferor

LoanCare, LLC

Name of Transferee

NewRez LLC

d/b/a Shellpoint Mortgage Servicing

Address of Alleged Transferor:

LoanCare, LLC

3637 Sentara Way

Virginia Beach, VA 23452

Address of Transferee:

Shellpoint Mortgage Servicing

P.O. Box 10826 Greenville

Greenville, SC 29603-0675

~~DEADLINE TO OBJECT TO TRANSFER~~

The alleged transferor of the claim is hereby notified that objections must be filed with the court within twenty-one (21) days of the mailing of this notice. If no objection is timely received by the court, the transferee will be substituted as the original claimant without further order of the court.

Date: _____

CLERK OF THE COURT

B-2100A (Form 2100A)(12/15)

**UNITED STATES BANKRUPTCY COURT
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CASE NO.

19-50220

Chapter 13

TRANSFER OF CLAIM OTHER THAN FOR SECURITY

A CLAIM HAS BEEN FILED IN THIS CASE or deemed filed under 11 U.S.C. § 1111(a). Transferee hereby gives evidence and notice pursuant to Rule 3001(e)(2), Fed. R. Bankr. P., of the transfer, other than for security, of the claim referenced in this evidence and notice.

NewRez LLC d/b/a Shellpoint Mortgage Servicing

Name of Transferee

LoanCare, LLC

Name of Transferor

Name and Address where notices to transferee should be sent:

NewRez LLC d/b/a Shellpoint Mortgage Servicing
P.O. Box 10826 Greenville
Greenville, SC 29603-0675

Court Claim # (if known): 1
Amount of Claim: \$ 141575.22
Date Claim Filed: 04/02/2019

Phone: (800)365-7107
Last Four Digits of Acct #: 5614

Phone: (800) 643-0202
Last Four Digits of Acct.#: 2530

Name and Address where transferee payments should be sent (if different from above):

Phone:
Last Four Digits of Acct #:

I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief.

By: /s/ Manuel Quiogue

Date: 7/23/2021

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 & 3571.

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CERTIFICATE OF SERVICE OF TRANSFER OF CLAIM

I hereby certify that a true and correct copy of the foregoing document has been served upon the following parties in interest on or before 7/23/2021 via electronic notice unless otherwise stated:

Debtor *Via U.S. Mail*

JAMIE LYNN NUCKOLS
PO Box 688
Lexington, VA 24450-0688

Debtors' Attorney

WILLIAM HARVILLE
327 W Main St # 3
Charlottesville, VA 22903-5551

Chapter 13 Trustee

HERBERT L BESKIN
123 E Main St Ste 310
Charlottesville, VA 22902-6800

Respectfully Submitted,

/s/ Larry Yip

Larry Yip